

## IWP INFORMATION SHEET

### Beneficiary General Information

1. Beneficiary Ticket Number _____ - _____ - _____ <b>TW</b> _____		2. Beneficiary Name ( <i>Last, First, Middle Initial</i> ) _____	
3. Name of Beneficiary's Legal Representative, if applicable ( <i>Last, First, Middle Initial</i> ) _____			
4. Contact Information ( <i>for Beneficiary or Legal Representative</i> ) <div style="text-align: center;">—————→</div>		Address _____	
City _____	State _____	Zip Code _____	Phone ( <i>Include Area Code</i> ) _____
5. Beneficiary Date of Birth ( <i>mm/dd/yyyy</i> ) _____		6. Beneficiary Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

### Work Background

7. Beneficiary education level completed

<input type="checkbox"/> No Formal Schooling	<input type="checkbox"/> High School diploma
<input type="checkbox"/> Elementary Education (Grades 1-8)	<input type="checkbox"/> Post-secondary education, no degree
<input type="checkbox"/> Secondary Education, no high school diploma (Grades 9-12)	<input type="checkbox"/> Associate Degree or Vocational Technical Certificate
<input type="checkbox"/> Special Education certificate of completion/attendance	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High school diploma equivalent (e.g., GED)	<input type="checkbox"/> Master's Degree or Higher

8. Is beneficiary currently working? If you answer **Yes** to this question, also answer question 9.

☐ Yes ☐ No

9. If answer to question 8 is **Yes**, please answer both questions below:

Current average earnings (*choose one*): \$ \_\_\_\_\_ per hour **OR** \$ \_\_\_\_\_ weekly **OR** \$ \_\_\_\_\_ monthly

Beneficiary's current average hours (*choose one*): \_\_\_\_\_ hours weekly **OR** \_\_\_\_\_ hours monthly

### Employment Goals

10. Date beneficiary is expected to start work (if not now working) ( <i>mm/dd/yyyy</i> ) _____	11. Does the employment goal include employer offered benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
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12. If answer to question 11 is **Yes**, which benefits are included in the employment goal:

<input type="checkbox"/> Vacation	<input type="checkbox"/> Long-term disability insurance
<input type="checkbox"/> Sick leave/short-term disability insurance	<input type="checkbox"/> Retirement or pension plan
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Child care

13. How far is beneficiary willing to travel to a new job (*maximum miles from beneficiary's home*):  
\_\_\_\_\_ miles

14. Expected earnings amount (*choose one*):  
\$ \_\_\_\_\_ per hour **OR** \$ \_\_\_\_\_ weekly **OR** \$ \_\_\_\_\_ monthly

15. Expected average hours of work (*choose one*):  
\_\_\_\_\_ hours weekly **OR** \_\_\_\_\_ hours monthly

16. Type of employment ☐ wage employment ☐ self-employment

## IWP INFORMATION SHEET (Cont.)

17. Expected occupation (*specify*)

18. Expected type of job (EEOC classification):

- ☐ Executive/Managerial
- ☐ Professional
- ☐ Sales
- ☐ Technical/Paraprofessional
- ☐ Skilled Craft

- ☐ Secretarial/Office/Clerical
- ☐ Service Worker
- ☐ Operative
- ☐ Laborer

### Services to be Provided

19. Date beneficiary is expected to start services  
(mm/dd/yyyy)

20. Date beneficiary is expected to complete services  
(mm/dd/yyyy)

21. Expected services to be provided (*either describe or check from the list below*)

- |  |   |
|--|---|
| <input type="checkbox"/> Case management   | <input type="checkbox"/> Social Security benefits/work incentives planning & counseling         |
| <input type="checkbox"/> Job accommodations  | <input type="checkbox"/> Transitional employment program (TEP)                                  |
| <input type="checkbox"/> Job coaching or supported employment  | <input type="checkbox"/> Transportation assistance  |
| <input type="checkbox"/> Job service vouchers  | <input type="checkbox"/> Referral to services or support from local MH or DD providers          |
| <input type="checkbox"/> Job training  | <input type="checkbox"/> Referral to other services or support providers                        |
| <input type="checkbox"/> Job search training/assistance  | <input type="checkbox"/> Employment services within an Integrated Career Center/One-Stop Center |
| <input type="checkbox"/> Placement assessment  | <input type="checkbox"/> Peer mentoring services  |
| <input type="checkbox"/> Psychosocial rehabilitation   | <input type="checkbox"/> School to work transition services not mentioned above                 |
| <input type="checkbox"/> Situational assessment  |   |
| <input type="checkbox"/> Habilitation services (e.g., Independent living training/assistance in support of work) |   |
| <input type="checkbox"/> Personal attendant support services   |   |

22. Special equipment to be provided by the EN (*please describe*)

23. Special equipment provided by the EN will be for ☐ Training ☐ Worksite ☐ Both

24. Comments:

## **Privacy Act Statement**

The Social Security Administration is authorized to collect the information on this form under Public Law 106-170 and section 1148 of the Social Security Act. While furnishing the information on this form is voluntary, failure to provide all or part of the information on this form to the Social Security Administration will prevent assignment of your Ticket to Work to the provider of services chosen by you. The information provided on this form will allow the Social Security Administration to monitor the progress of a participant in the Ticket to Work and Self-Sufficiency Program.

Although the information you furnish on this form is almost never used for any other purposes than stated in the foregoing, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows: (1) to another Federal, State, or local government agency for determining eligibility for a government benefit or program; (2) to a Congressional office requesting information on behalf of the program participant; (3) to a third party for the performance of research and statistical activities; and (4) to the Department of Justice for use in representing the Federal Government.

The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

We may also use this information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

## **Paperwork Reduction Act Notice**

We are required by law to notify you that this information collection is in accordance with the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to complete this form. This includes the time it takes to read the instructions, gather the necessary facts, and answer the questions.